

PTO/SB/21 (09-04)

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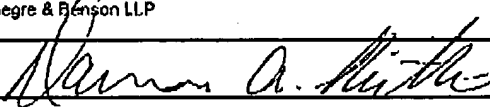
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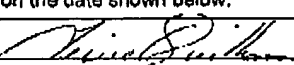
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/982,721	
	Filing Date	10/18/2001	
	First Named Inventor	Slcombe et al.	
	Art Unit	2154	
	Examiner Name	Patel, Ashokkumar B.	
Total Number of Pages in This Submission	6	Attorney Docket Number	74120-301396

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (1p); Certificate of Facsimile Transmission Under 37 CFR 1.8 (1p); Credit Card Payment Form PTO 2038 (1p)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Faegre & Benson LLP		
Signature			
Printed Name	Damon A. Rieth		
Date	December 22, 2005	Reg. No.	52,167

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Typed or printed name	Terrie Quillin	Date	December 22, 2005

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PTO/SB/97 (09-04)

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Attorney Docket No.: 74120-301396

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303-447-7741

Telephone Number

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Fax Transmittal Sheet	1 page
Transmittal Form	1 page
Certificate of Fax Transmission Under 37 CFR 1.8	1 page
Fee Transmittal for FY 2005	1 page
Credit Card Payment Form PTO-2038	1 page
Notice of Appeal PTO/SB/31	1 page

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC-22-05 THU 04:11 PM F & B

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PTO/SB/H7 (12-04v2)

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<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">for FY 2005</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete If Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/982,721</td> </tr> <tr> <td>Filing Date</td> <td>10/18/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Siocombe et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Patul, Ashokkumar B.</td> </tr> <tr> <td>Art Unit</td> <td>2154</td> </tr> <tr> <td>Attorney Docket No.</td> <td>74120-301396</td> </tr> </table>		Application Number	09/982,721	Filing Date	10/18/2001	First Named Inventor	Siocombe et al.	Examiner Name	Patul, Ashokkumar B.	Art Unit	2154	Attorney Docket No.	74120-301396
Application Number	09/982,721														
Filing Date	10/18/2001														
First Named Inventor	Siocombe et al.														
Examiner Name	Patul, Ashokkumar B.														
Art Unit	2154														
Attorney Docket No.	74120-301396														
<p>TOTAL AMOUNT OF PAYMENT (\$) 500</p>															

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 06-0029 Deposit Account Name: Faegre & Benson LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

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 ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

-20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

-3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

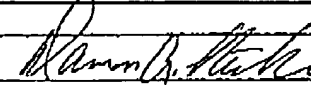
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Notice of Appeal Fee	\$500

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	52,167
Name (Print/Type)	Damon A. Rieth	Telephone	303-447-7730
		Date	December 22, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TIME:

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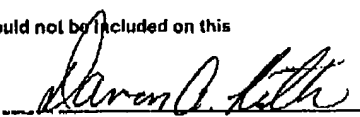
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 74120-301396						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on December 22, 2005.	In re Application of Slocumbe et al.							
Signature _____ Typed or printed name <u>Terry Quillin</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 09/982,721</td> <td style="width: 40%; padding: 2px;">Filed 10/18/2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Content Request Routing and Load Balancing for Content Distribution Networks</td> </tr> <tr> <td style="padding: 2px;">Art Unit 2154</td> <td style="padding: 2px;">Examiner Patel, Ashokkumar B.</td> </tr> </table>		Application Number 09/982,721	Filed 10/18/2001	For Content Request Routing and Load Balancing for Content Distribution Networks		Art Unit 2154	Examiner Patel, Ashokkumar B.
Application Number 09/982,721	Filed 10/18/2001							
For Content Request Routing and Load Balancing for Content Distribution Networks								
Art Unit 2154	Examiner Patel, Ashokkumar B.							
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500								
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____								
<input type="checkbox"/> A check in the amount of the fee is enclosed. 12/23/2005 TL0111 00000017 09982721								
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:1481 500.00 OP								
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.								
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0029</u> . I have enclosed a duplicate copy of this sheet.								
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.								
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I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98) <input checked="" type="checkbox"/> attorney or agent of record. Registration number _____ <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____	<div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Damon A. Rieth</u> Typed or printed name </div> <div style="text-align: center;"> <u>303-447-7739</u> Telephone number </div> <div style="text-align: center;"> <u>December 22, 2005</u> Date </div>							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								

☐ *Total of _____ forms are submitted.

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